TEXAS DEPARTMENT OF PUBLIC SAFETY CRIME LABORATORY Non-Reported Sexual Assault Evidence **Laboratory Submission Form** LAB-205 Rev.00 (04/2019) p.1 Issued by: QAC DPS Laboratory Use Only **PLEASE TYPE INFORMATION** Submitting Information Name Title **Facility Mailing Address** City, State, Zip Phone Submission Method ☐ In Person ☐ Drop Box Fax Other Assault Information Printed Name Date of Assault **County of Assault Survivor Unique Identifier** Date of Birth Evidence Information **Collection Date Collection Time Evidence Items Collected:** Sexual Assault Evidence Collection Kit (may NOT contain blood or urine samples) Survivor Reference Buccal Swab (may be contained within the sexual assault evidence collection kit) ■ Survivor Clothing List clothing items collected:

Instructions for Submission

Package all collect	ea evidence items i	into a single prope	eriy sealed ev	idence box.
Complete this form	and the Non-Reno	rted Sevual Assau	ılt Evidence I	ist of Service

__ Complete this form and the Non-Reported Sexual Assault Evidence List of Services Provided Form (LAB-209).

Ensure the survivor's unique identifier is clearly marked on all evidence packages, forms, and submitted invoices and supporting documentation.

Seal forms (LAB-205, LAB-209) in an envelope and attach to the exterior of the evidence box.

Ship the sealed evidence box to:

Texas DPS Bio-Warehouse

12230 West Road, Building C

Houston, Texas 77065

Mail all invoices and supporting documentation to:

Texas Department of Public Safety

Accounts Payable

PO Box 4087 MSC 130

Austin, Texas 78773-0001

Alternatively, invoices and supporting documentation may be emailed to apinvoices@dps.texas.gov.